



## NOTIFICATION OF DEMOLITION/RENOVATION

CSLB License / Expiration	Postmark	Date Rec'd	Check No./Amount	Notification No.
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1. Type of Notification:      Original ☐      Revised ☐      Cancelled ☐  
(Highlight areas that have been revised)

2. Facility Information (Identify Owner, Abatement Contractor and Demo/Reno Contractor)

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Abatement Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Demo/Reno Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Project Type:      Demo ☐      Ordered Demo ☐      Demo by Fire ☐  
                          Renovation ☐      Emergency Reno ☐      Planned Reno ☐

4. Asbestos Present Y / N	Asbestos Survey Y / N    Date _____	Asbestos Removed Y / N    Date _____	Bldg. to be Demolished Y / N    Date _____
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5. Facility Description (Include Building Name, Number and Floor or Room Number)

Building Name: \_\_\_\_\_ Parcel # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site Location: \_\_\_\_\_

Building Size: \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Age in years \_\_\_\_\_

Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

6. Procedure, include analytical method if appropriate, used to detect the presence of asbestos material:  
 Name of laboratory used: \_\_\_\_\_

7. Asbestos amount to be removed:

	Friable	Cat 1	Cat 2	Describe the asbestos materials
On pipes				
Surface areas (in sq. feet)				
Totals (add columns)				Grand total (add rows)

Fee is based on grand total (To convert linear feet to square feet: SQ. FT. = 3.14 x diameter x Length)

8. Scheduled Dates: MM/DD/YY		
Asbestos Set-up - Start:	Removal - Start:	Complete:
9. Scheduled Dates: MM/DD/YY		
Demolition/Renovation:	Start:	Complete:
10. Description of planned demolition or renovation work, and method(s) to be used:		
11. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and/or renovation worksite:		
12. Waste Transporter:		Waste disposal site:
Name: _____	Name: _____	
Address: _____	Address: _____	
City: _____	City: _____	
Contact: _____	Contact: _____	
Telephone: _____	Telephone: _____	
13. For ordered Demo send a copy of the order and give the agency name:		
Name of agency: _____		
Authorizing person: _____		Title: _____
Date of order: _____		Date order to begin: _____
14. For emergency renovations:		
Date and hour of emergency (MM/DD/YY) _____		
Description of sudden, unexpected event: _____		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____		
15. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder:		
16. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during the normal business hours (required 1 year after promulgation).		
_____ Signature of owner / operator		_____ Date
17. The undersigned, under the penalty of law, states to the best of my knowledge that the above information is true and correct.		
_____ Signature of responsible party		_____ Official title
_____ Typed or printed name of signer	_____ Telephone No.	_____ Date
Official use only:		